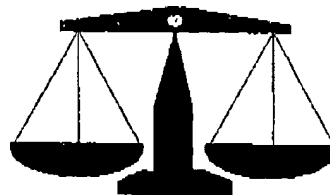


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To: Examiner Candice Capri Stokes
Art Unit 3732

From: Teresa Euculano, Patent Assistant

Fax: 671-273-8300

Pages: 13

Phone:

Date: December 18, 2006

Re: Response and Amendment
Patent Application 10/632,263
Atty Docket # ASH-0109

CC:

Ms. Stokes:

Please find attached the following documents in connection with the above identified application:

- Transmittal Form (1 page);
- Request for Extension of Time (1 page); and
- Amendment (10 pages).

Best regards,

Teresa Euculano
Teresa Euculano
Patent Assistant

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/032263
	Filing Date	August 1, 2003
	First Named Inventor	Denn Hallows et al.
	Art Unit	3732
	Examiner Name	Candice Capri Stokes
	Attorney Docket Number	ASH-0109
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DENTSPLY International Inc.		
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Printed name	Daniel W. Sullivan, Esquire		
Date		Reg. No.	34937

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